

☒ **REPORT OF LOBBYIST EMPLOYER**

(Government Code Section 86116)

1/9

or

☐ **REPORT OF LOBBYING COALITION**

(2 Cal. Code of Regs. Section 18616.4)

FORM 635
1993

IMPORTANT: Lobbying Coalitions must attach a completed Form 635-C to this Report.

REPORT COVERS PERIOD FROM 01/01/2019 **THROUGH** 03/31/2019

CUMULATIVE PERIOD BEGINNING 01/01/2019

TYPE OR PRINT IN INK

For information required to be provided to you pursuant to the Information Practices Act of 1977, see [Information Manual on Lobbying Disclosure Provisions of the Political Reform Act](#).

FOR OFFICIAL USE ONLY

A

B

NAME OF FILER:

California State Council of Service Employees

BUSINESS ADDRESS: (Number and Street)

(City)

(State)

(Zip Code)

TELEPHONE NUMBER:

Sacramento

CA

95814

PART I - LEGISLATIVE OR STATE AGENCY ADMINISTRATIVE ACTIONS ACTIVELY LOBBIED DURING THE PERIOD

(See instructions on reverse.)

See attachment 'Part 1'

☒ If more space is needed, check box and attach continuation sheets.

SUMMARY OF PAYMENTS THIS PERIOD

A. Total Payments to In-House Employee Lobbyists (Part III, Section A, Column 1)	\$	<u>286847.49</u>
B. Total Payments to Lobbying Firms (Part III, Section B, Column 4)	\$	<u>171630.63</u>
C. Total Activity Expenses (Part III, Section C)	\$	<u>3620.42</u>
D. Total Other Payments to Influence (Part III, Section D)	\$	<u>569165.25</u>

GRAND TOTAL (A + B + C + D above)	\$	<u>1031263.79</u>
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E. Total Payments in Connection with PUC Activities (Part III, Section E)	\$	<u>0.00</u>
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F. Campaign Contributions: ☒ Part IV completed and attached ☐ No campaign contributions made this period

VERIFICATION

I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date)
04/30/2019

At (City and State)
Sacramento CA

By (Signature of Employer or Responsible Officer)
Alma Hernandez

Name of Employer or Responsible Officer (Type or Print)
Alma Hernandez

Title
Executive Director

PERIOD COVERED: 01/01/2019 03/31/2019NAME OF FILER: California State Council of Service Employees**PART II - PARTNERS, OWNERS, AND EMPLOYEES WHOSE "LOBBYIST REPORTS" (FORM 615) ARE ATTACHED TO THIS REPORT** (See instructions on reverse.)

Name and Title	Name and Title
Employee Terrence C. Brennand Lobbyist	Employee Michelle A. Castro Lobbyist
Employee Christina M. Orr Lobbyist	Employee Rene Bayardo Lobbyist
Employee Michelle Doty Cabrera Lobbyist	Employee Tiffany J. Whiten Lobbyist
Employee Kimberly N. Rosenberger Lobbyist	Employee Mark Mendoza Lobbyist

☐ If more space is needed, check box and attach continuation sheets.
PART III - PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES

A. PAYMENTS TO IN-HOUSE EMPLOYEE LOBBYISTS (See instructions on reverse. Also enter the Amount This Period (Column 1) on Line A of the Summary of Payments section on page 1.)	(1) Amount This Period	(2) Cumulative Total To Date
	\$ 286847.49	\$ 286847.49

B. PAYMENTS TO LOBBYING FIRMS (Including Individual Contract Lobbyists)

Name and Address of Lobbying Firm/Independent Contractor	(1) Fees & Retainers	(2) Reimbursements of Expenses	(3) Advances or Other Payments (attach explanation)	(4) Total This Period	(5) Cumulative Total to Date
Harris & Wenbourne LLC Sacramento CA 95814	56666.68	263.32	0.00	56930.00	56930.00
Mark D. Weideman, DBA Weideman Group, Inc. Sacramento CA 95814	75000.00	0.00	0.00	75000.00	75000.00
AJE Partners Albany CA 94710	15000.00	178.66	0.00	15178.66	15178.66
Tsou Consulting, LLC El Cerrito CA 94530	6000.00	0.00	0.00	6000.00	6000.00
Sanchez Advocacy Sacramento CA 95819	18000.00	521.97	0.00	18521.97	18521.97

TOTAL THIS PERIOD (Column 4)Also enter the total of Column 4 on Line B of the
Summary of Payments section on page 1.

\$ 171630.63

☐ If more space is needed, check box and attach
continuation sheets

PERIOD COVERED: 01/01/2019 03/31/2019

NAME OF FILER: California State Council of Service Employees

C. ACTIVITY EXPENSES (See instructions on reverse.)

Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each	Description of Consideration	Total Amount of Activity
01/22/2019	Tequila Museo Mayahuel Sacramento CA 95814 Reference No: F635P3C.zYrub8pp5cVO		\$ 0.00 Food and Bever - ages (Build the D - ream Reception)	\$ 3620.42
		Levine, Marc Assembly Member	(27.35)	(.00)
		Mata, Celia Legislative Director, Assembly Member Boerner Horvath	(27.35)	(.00)
		Resetarits, Heather Legislative Director, Senator Wieckowski	(27.35)	(.00)
		Chu, Kansen Assembly Member	(27.35)	(.00)
<input checked="" type="checkbox"/> If more space is needed, check box and attach continuation sheets. TOTAL SECTION C (Activity Expenses) Also enter the total of Section C on Line C of the Summary of Payments section on page 1.				\$ 3620.42

D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION

☒ NOTE: State and local government agencies do not complete this section. Check box and complete Attachment Form 640 instead.

1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed Form 630 to this Report.)

\$ 0.00

\$ 569165.25

2. OTHER PAYMENTS

TOTAL SECTION D (1 + 2) Also enter the total of Section D on Line D of the Summary of Payments section on page 1.

\$ 569165.25

E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION

Also, enter the total of Section E on Line E of the Summary of Payments section on page 1. (See instructions on reverse.)

\$ 0.00

PERIOD COVERED: 01/01/2019 03/31/2019NAME OF FILER: California State Council of Service Employees

PART IV -- CAMPAIGN CONTRIBUTIONS MADE (Monetary and non-monetary campaign contributions of \$100 or more made to or on behalf of state candidates, elected state officers and any of their controlled committees, or committees supporting such candidates or officers must be reported in A or B below.)

- A. If the contributions made by you during the period covered by this report, or by a committee you sponsor, are contained in a campaign disclosure statement which is on file with the Secretary of State, report the name of the committee and its identification number, if any, below.

Name of Major Donor or Recipient Committee Which
Has Filed A Campaign Disclosure Statement:

Identification Number if
Recipient Committee: _____

- B. Contributions of \$100 or more which have not been reported on a campaign disclosure statement, including contributions made by an organization's sponsored committee, must be itemized below.

Date	Name of Recipient	I.D. Number if Committee	Amount
02/05/2019	Lena Gonzalez for Senate 2019	1415216	\$ 8800.00
02/07/2019	Lena Gonzalez for Senate 2019	1415216	\$ 500.00
02/12/2019	Friends of Josh Newman Opposed to the Recall	1396225	\$ 10000.00
			\$
			\$
			\$
			\$
			\$
			\$
			\$



If more space is needed, check box and attach continuation sheets.

NOTE: Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.

PERIOD COVERED: 01/01/2019 03/31/2019

NAME OF FILER: California State Council of Service Employees

C. ACTIVITY EXPENSES (See instructions on reverse.)

Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each	Description of Consideration	Total Amount of Activity
	Reference No:	Duke,Brian Consultant,Senate Governm - ental Organization Committee	\$ (27.35)	\$
	Reference No:	Fremgen,Jimmy Consultant,California State A - ssembly	\$ (27.35)	\$
	Reference No:	Muratsuchi,Al Assembly Member	\$ (27.35)	\$
	Reference No:	Bauer-Kahan,Rebecca Assembly Member	\$ (27.35)	\$
	Reference No:	Carrillo,Wendy Assembly Member	\$ (27.35)	\$
	Reference No:	Orr,Lisa Legislative Aide,Assembly M - ember Smith	\$ (27.35)	\$
	Reference No:	Elena Durazo,Maria Senator	\$ (27.35)	\$
	Reference No:	Tosin-Oni,Motunrayo Senate Fellow,California Sta - te Senate	\$ (27.35)	\$
TOTAL SECTION C (Activity Expenses) Also enter the total of Section C on Line C of the Summary of Payments section on page 1.				\$ 3620.42

Attachment Form 640

(Attachment to Form 635 or Form 645)

CALIFORNIA
1993 FORM**640**

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PERIOD COVERED: 01/01/2019--03/31/2019NAME OF FILER: California State Council of Service Employees**For Use By:** A state or local government agency that qualifies as a lobbyist employer or a \$5,000 filer. Refer to the instructions on the cover page before completing this attachment.**Other Payments to Influence Legislative or Administrative Action:**

1. Total payments for overhead expenses related to lobbying activity. <u>Report as a lump sum.</u>	\$ 202874.30
2. Total payments to Lobbying Coalitions. <u>Report as a lump sum.</u> (Form 630 must be attached)	\$ 0.00
3. Total payments of less than \$250 during the calendar quarter for lobbying activity (excluding overhead). <u>Report as a lump sum.</u>	\$ 62239.77
4. Total payments of more than \$250 during the calendar quarter for lobbying activity (excluding overhead). Such payments must be itemized below.	\$ 304051.18
5. Grand total of "Other Payments to Influence Legislative or Administrative Action." Also enter this total on the appropriate line of the Summary of Payments section on Page 1 of Form 635 or Form 645.	\$ 569165.25

Itemize below payments of \$250 or more made during the quarter for lobbying activity. Provide the name and address of the payee, the amount paid during the quarter, and the cumulative amount paid to the payee since January 1 of the biennial legislative session covered by the report.

Also itemize dues or similar payments of \$250 or more made to an organization that makes expenditures equal to 10% of its total expenditures or \$15,000 or more in a calendar quarter to influence legislative or administrative action. Provide the organization's name and address, the amount paid to the organization during the quarter, and the cumulative amount paid to the organization since January 1 of the biennial legislative session covered by the report.

Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1
[C] - Altshuler Berzon LLP San Francisco CA 94108	\$ 39242.54	\$ 39242.54
[R] - David Binder Research San Francisco CA 94102	\$ 40000.00	\$ 40000.00
[O] - Lunchbox Express Sacramento CA 95811	\$ 4312.17	\$ 4312.17
Subtotal of all payments itemized above	\$ 83554.71	

☒ If more space is needed, check box and attach continuation sheets.

Attachment Form 640

(Continuation Sheet)

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1993 FORM**640**

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PERIOD COVERED: 01/01/2019--03/31/2019NAME OF FILER: California State Council of Service Employees

Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1 Biennial Legislative Session
[O] - Southwest Airlines Dallas TX 75235	18137.19	18137.19
Dean [C] - Tipps Sacramento CA 95864	22500.00	22500.00
[C] - Paschal/Roth Public Affairs, Inc. Sacramento CA 95814	49500.00	49500.00
[O] - Reliable Translations Glendale CA 91203	4174.29	4174.29
Sissy [S] - Wood Sacramento CA 95814	15830.31	15830.31
[O] - SPR Modesto LLC Modesto CA 95356	3608.41	3608.41
Mary [S] - Gutierrez Sacramento CA 95814	3663.77	3663.77
[R] - Hart Research Associates, Inc. Washington DC 20009	84000.00	84000.00
Holly [R] - Knaus Silver Springs MD 20910	10242.50	10242.50
Subtotal of all payments itemized above	\$ 211656.47	

Attachment Form 640

(Continuation Sheet)

CALIFORNIA
1993 FORM**640**

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PERIOD COVERED: 01/01/2019--03/31/2019NAME OF FILER: California State Council of Service Employees

Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1 Biennial Legislative Session
Julie [C] - Gozan Syracuse NY 13210	8840.00	8840.00
Subtotal of all payments itemized above		\$ 8840.00

TEXT ANNOTATION

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Schedule F635

Reference No: Part 1

AB 4,AB 5,AB 8,AB 174,AB 196,AB 204,AB 217,AB 222,AB 229,AB 249,AB 258,AB 271,AB 286,AB 290,AB 307,AB 314,AB 355,AB 362, - AB 378,AB 388,AB 403,AB 418,AB 424,AB 500,AB 547,AB 555,AB 589,AB 595,AB 625,AB 668,AB 673,AB 683,AB 700,AB 715,AB 731,AB 822,AB 844,AB 890,AB 917,AB 929,AB 930,AB 976,AB 1088,AB 1098,AB 1113,AB 1175,AB 1200,AB 1275,AB 1282,AB 1296,AB 1309, - AB 1353,AB 1364,AB 1385,AB 1404,AB 1408,AB 1460,AB 1468,AB 1520,AB 1544,AB 1545,AB 1572,AB 1611,AB 1645,AB 1695,AB 1753 - ,AB 1780,AB 1790: SB 10,SB 11,SB 12,SB 16,SB 29,SB 34,SB 36,SB 40,SB 65,SB 66,SB 135,SB 156,SB 171,SB 186,SB 200,SB 218,SB 225,SB 227,SB 255,SB 238,SB 322,SB 325,SB 343,SB 347,SB 354,SB 392,SB 429,SB 445,SB 469,SB 512,SB 590,SB 599,SB 620,SB 6 - 40,SB 642,SB 660,SB 707,SB 758; Legislature: State Budget; Department of General Services: State Travel Program,Government Code 1 - 9134; Labor and Workforce Development Agency,Department of Industrial Relations,Division of Labor Standards Enforcement: AB 1978 (- 2016,Chapter 373) Regulations; Governor,Department of Health Care Services,Department of Finance,Department of Social Services,Cont - roller: IHSS MOE,Working Families Tax Credit,CMS Rule Change,Secure Payment of Processor,FURS,Child Support,EVV Implementation; Governor,Controller,Department of Consumer Affairs: IHSS,Trial Court Budget,Court Reporters Board Issues; Department of Developmen - tal Services,Department of Health and Human Services,Department of Finance,Governor: IHSS,IHSS Budget,7% restoration,MediCal Eligi - bility,Long-Term Services and Supports,DD Funding,DD Caseload Ratios,Cal Quality Care Website,Nursing Facilities change of ownership - ,AB 1629 reauthorization,Nursing Facilities staffing ratios,Electronic Visit Verification,Criminal Justice,Risk Assessment,Child Support Servi - ces; Department of Consumer Affairs,Department of Public Health,Department of Food and Agriculture,Governors Office of Business and - Economic Development: Cannabis regulations; Department of Social Services,Department of Health Care Services; Bureau of Cannabis C - ontrol,Department of Consumer Affairs: IHSS General and IHSS Budget; Department of Social Services,Department of Health Care Servic - es; Department of Health and Human Services; Department of Finance; Governor,Bureau of Cannabis Control,Department of Consumer Af - fairs: DDS Funding,Kern Regional Center,Cannabis,Prop 64,Prop 64 treatment,behavioral health,nursing home staffing; Governor: Healthc - are issues

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Schedule F635P3C

Reference No: F635P3C.zYrub8pp5cVO

Additional vendor paid: Crown Awards (unable to obtain address) \$256.01.